

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/58463

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3		1		1		
4		1		1		
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6		0		1		
7		0		1		
8						
9	1		1			
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50						
TOTAL IND.	9	↓	4	↓		↓
TOTAL DEP.	29	←	29	←		←
TOTAL CLAIMS	28		28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						